

**EMS ADVISORY COUNCIL MEETING
MINUTES
September 6, 2012
Room 210 - 212 State Capitol**

Members Present: Tim Meyer, Mark Nelson, Jeff Sather, Liz Beck, Kari Enget, Terry Ault, Lynn Hartman, Diane Witteman, Curt Halmrast, June Herman

Members Not Present: Marlene Miller, Gerald Uglem, Doug Anderson, Jerry Jurena,

DoH Representatives Present: Lindsey Narloch, Mary Tello-Pool, Ruth Hursman, Tom Nehring, Jan Franklund, Ed Gregoire, Kari Kuhn, Alan Aarhus, Amanda Roehrich

Others Present: Jim DeMell, Mona Thompson, Ron Lawler

Tim Meyer welcomed the committee and introductions were made around the table. Tom introduced new DEMST staff members. Ruth Hursman is the new State Trauma Coordinator and Amanda Roehrich is the new DEMST Grants Coordinator. Ruth is replacing Amy Eberle, while the Amanda's position is a new position in DEMST. We welcome both of them to DEMST as well as to the EMSAC.

Approval of Minutes:

Motion to approve the minutes from April 18, 2012 meeting with two house-keeping issues fixed (date of previous minutes and misspelling of April).

Motion made by Kari Enget.

Motion seconded by Terry Ault.

No further discussion; motion carried.

Rural EMS Assistance Funding / Funding Areas

See attached presentation '*FundingAreaGrantPresentation*'.

During the application scoring process there were five scenarios developed for funding distribution (details included in attached presentation). After much analyzing and discussing the fifth scenario was deemed the fairest.

Through discussion after the finalization of grant recipients, it was realized that the intent of increasing local EMS funding was not met through this grant process. The possibility of disregarding reimbursement of transports as part of the local match is being considered for future funding cycles.

There will be more discussion within DEMST as well as with the EMSAC regarding future funding cycles for this grant and necessary changes.

Curt stated that this funding should tie in with oil field funding. When NDEMSEA presented this plan to the legislature it was to be based on need (budget and current financials submission). Oakes didn't apply because they felt that there were other services with more need.

Mona has heard complaints about the process mostly dealing with the caps on funding for staffing. Services within the same funding areas that previously received staffing grants were not allowed to request as much in staffing as they had received in the past.

Jim stated that he has heard discussion, but no specific complaints.

Lindsey mentioned that one of the hopes throughout this process was that funding areas would apply together, but none did.

Diane felt that this time the requests centered more around equipment, etc. even within her services. She hopes that down the road more requests will go towards leadership and collaboration efforts.

Curt suggested as part of getting more information out sooner for the next cycle, DoH may do a presentation at the EMS spring conference.

Tom would like to begin preparing the grant guidance by the next EMSAC meeting in January, 2013.

Printing of only first names on EMS license

Lindsey brought to the council an issue brought to her by Dan Schaefer regarding the possibility of printing only first names of EMS providers on their ND license for safety reasons. These need to be printed consistently state-wide as it will require a change to the system by our vendor to the Big Picture and cannot be service specific. After brief discussion of possible solutions a motion was made.

Motion to print the first name only on EMS badges printed by DEMST for ND EMS personnel

Motion made by Diane Witteman.

Motions econded by Liz Beck.

No further discussion; motion carried.

Ambulance Run Reporting

Lindsey reported to the council that MedMedia was acquired by EmSystems which was later acquired by Intermedix.

Lindsey shared with the council some other states' actions: Iowa is currently in the RFP process for a new data system for trauma and EMS, South Dakota was unsure at that time what direction they will be going, Florida just came on with Intermedix.

Ambulances were sent letters stating that they will need to convert their software in the next 6 – 9 months if they use EmStat. They will then be utilizing "Triptix".

Even if the optional package requested for a possible new vendor is approved, it would not be possible to get in place before the switch takes place.

See attached '*intermedix*' document for further information.

Education Agenda

Ed presented an informational sheet regarding the *proposed* new EMS education structure for North Dakota. He stressed that this is being presented in *concept* only. There will be much more discussion and decision making finalized before the proposal becomes policy.

Please review the attached '*EMS Education Structure Proposal*' document for further details. Please contact Ed with any specific questions regarding this document.

The goal of Ed's efforts on this proposal is an improved education system for EMS in North Dakota. Some points brought up for discussion included:

- Possibility of no willing training center in each region.
- Affiliation with training centers outside of specific region and access to resources.
- Utilization of SIM training.
- Possibility of surveying the current training programs for insight.
- Requirements / expectations of training centers.

ND / NREMT Pilot Project

Ed presented information regarding a pilot project taking place in North Dakota. Chosen by NREMT, this program will begin in North Dakota October 1, 2012. Referred to as 'the 40, 50, 60 plan', the program revolves around new recertification requirements for NREMT registered personnel. The numbers refer to continuing education requirements for levels of EMT, AEMT and Paramedic respectively. This will be a reduction in recertification requirements. Curt, Tom and Ed are working with NREMT to nail down the final details of the program and information will be released upon final approval.

Part of this new process also includes the on-line only submission. There will be no more paper submission accepted for recertification.

Optional Appropriation Requests – OARs

Optional Appropriation Requests are submitted to request additional money in addition to the existing budget. These requests go to DoH administration and if approved, move up to the governor's office for possible inclusion in the proposed budget.

Proposed OARs submitted:

1. Replacement of DEMST database systems including PCRs as well as EMS personnel / service licensure
2. Funding of community paramedic project
3. EMS funding
4. Leadership training
5. Trauma system funding

EMSAC Changes

a. New EMSAC members

Replacement members are needed for two positions on the EMSAC. A new legislative representative to take Senator Uglem's place, as well as a new BLS representative to replace Doug Anderson who is currently not associated with an ambulance service are needed.

Those members initially signed to a one-year term have expired. This includes:

Gerald Uglem

Doug Anderson

Liz Beck

Diane Witteman

Jerry Jurena

Motion was made to re-elect those EMSAC members whose one-year term has expired. These members will begin a new two-year term. Gery Uglem and Doug Anderson will be replaced due to reasons listed above. Jerry Jurena's appointment will be re-assigned to be 'hospital association' representation.

Motion made by Dr Jeff Sather.

Motion seconded by June Herman.

No further discussion; motion carried.

b. Chair-person rotation / election

Motion was made to cast a unanimous ballot for Tim Meyer to be re-elected as co-chair.

Motion made by Diane Witteman.

Motion seconded by June Herman.

No further discussion; motion carried.

c. Seven-Step meeting agenda

Tom would like to introduce the seven-step meeting agenda process to the council at the upcoming January meeting. This will include things such as various roles such as time-keeper as well as an estimation of time-limits listed on the agenda with each topic to be discussed.

d. Written updates / summary

Curt suggested along with the seven-step meeting agenda that committees / subcommittees reporting back to the council bring a written report to hand out to members. A short verbal summary along with an opportunity for questions is acceptable along with the distributed report.

Updates

a. Rule changes

Tom reviewed the rule changes.

Mary will talk to Lisa Meyer on the EMSC Advisory Committee regarding sponsorship of a bill for pediatric representation on EMSAC.

If rule changes are necessary for community paramedic they will be brought to EMSAC via teleconference.

b. Helmsley Project

The North Dakota award announcement took place on August 2, 2012. Scenarios are currently being written and the trucks are on order. The trucks won't be ready until April of 2013.

c. Community Paramedic

Ron Lawler gave an overview of the community paramedic status in North Dakota. Review attached '*Community Paramedic9612*' document.

Ron feels that initially in the program all training etc. is geared at Paramedics, therefore EMTs won't be used right away. They were working towards making this a four-year program. The goal is to achieve some level of funding to be used for reimbursement and program expenses.

d. Oil Impact Grants

The schedule for oil impact grants has been accelerated and a new cycle has begun as of 9/9/2012. Tom is assisting with the process and will once again be doing some traveling and visiting western ambulance services face-to-face.

e. Trauma Update

Ruth gave a short update on the trauma program including the upcoming trauma conference and the continuing work on trauma transport plans.

f. EMSC

Mary briefly discussed the competitive grant she has been working on for the 3/31/13 – 2017 grant period. Mary also outlined the budget for current unobligated funds from EMSC:

1. \$20,000 for pediatric simulation training – ND STAR coding 10 different scenarios in child, infant and OB
2. \$20,000 for EMS leadership training
3. \$7,847 to be used for updating the EMS protocols distributed by EMSC / DEMST
 - a. Three physicians, three paramedics as well as office staff are reviewing current protocols
 - b. Lindsey is sending a survey via Survey Monkey to all ambulance managers for feedback on current protocols
 - c. Protocol development meeting scheduled for 10/9/2012
 - d. AEMTs and suicide will be added
 - e. Completed protocols will be distributed via flash drives and CDs

The EMSC PowerPoint presentation will be added to the DEMST website.

The suggestion was made to have Mark Nelson do a presentation at the next meeting regarding data and prevention from DOT.

Other Business

Dr Sather shared information with the council members regarding the first area to install telemedicine into ambulances in New Town. The possibility of utilizing this \$14 million military development has been made possible with funding from a private donor. Using live two-way cameras it virtually puts a physician in the ambulance. Dr Sather will report back in January with more an update. Visit <http://www.lifebot.us.com/> for more information.

See attached 'MissionLifeLineSept2012' for information on the Mission LifeLine project.

Motion was made adjourn the meeting.

Motion made by Kari Enget.

Motion seconded by June Herman.

No further discussion; motion carried.

Next Meeting

The next EMSAC meeting was scheduled for January 17, 2013. The meeting is expected to run from 10 – 4 and will be held in Room 210 - 212 in the J-Wing of the Capitol Building.

Rooms will be reserved at the AmericInn for council members if needed. Please contact the hotel directly prior to January 10 if you will be in need of a room. These rooms will be available at state rate and council members may have their rooms direct billed to the DoH.

AmericInn
3235 State Street, Bismarck
701.250.1000

Meeting Adjourned